

Conclusions: The inpatient treatment is efficacious in terms of psychopathology, aggression and is linked to better functioning. The naturalistic design shows depletion of the positive effects of treatment in terms of negative symptoms and aggression probably due to incomplete medication compliance, which is a bad prognostic factor for functioning. This implies the need of continuous psychosocial services and better psychoeducation after discharge.

Disclosure of Interest: None Declared

EPP0654

Psychotic depression and the risk of death due to suicide

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doi: 10.1192/j.eurpsy.2023.951

Introduction: Depression markedly increases the risk of suicide, and depression is the most common psychiatric disorder diagnosed in persons with a completed suicide, but the interplay between depression and psychotic symptoms in suicides has remained unsettled.

Objectives: The purpose of this study was to establish the risk of suicide associated with incident psychotic depression (PD) compared to incident non-psychotic severe depression (NPD) in a large nationwide cohort.

Methods: This cohort study used routine data from nationwide health registers in Finland. Eligible participants were aged 18–59 years at the index diagnosis. Causes of death were defined by the International Classification of Diseases, 10th revision codes. The follow-up time was up to five years. Adjusted Cox regression models were used to analyse risk of death by method of suicide.

Results: We included 17331 individuals with incident PD and 85989 individuals with incident NPD. Most of the deaths due to suicides occurred within the first two years after the index diagnosis. Compared to NPD, PD was associated with an overall two-fold increased risk of suicide (adjusted hazard ratio, (aHR) 2.19, 95% confidence interval (CI) 1.95, 2.46), after adjusting for psychiatric comorbidities. In PD, the highest relative risks were for impact-related suicides (aHR 3.03, 95%CI 2.23, 4.13) and for suffocation-related suicides (aHR 2.72, 95%CI 2.23, 3.30), whereas the lowest relative risk was for intentional poisonings (aHR 1.66, 95%CI 1.37, 2.02).

Conclusions: Psychotic symptoms increased the risk of suicide 2-fold of the risk that was associated with severe depression, after controlling for comorbid psychiatric disorders. The severity of suicidal ideation may be higher in PD than in NPD, which then leads to more lethal methods of self-harm.

Disclosure of Interest: T. Paljarvi: None Declared, J. Tiihonen Grant / Research support from: Janssen-Cilag, Eli Lilly, Consultant of: HLS Therapeutics, Orion, and WebMed Global, Speakers bureau of: Eli Lilly, Evidera, Janssen-Cilag, Lundbeck, Mediutiset, Otsuka, Sidera, and Sunovion, M. Lähteenvuo Shareholder of:

Genomi Solutions Ltd, Nursie Health Ltd, Springflux Ltd, Grant / Research support from: Finnish Medical Foundation, Emil Aaltonen Foundation, Speakers bureau of: Sunovion, Lundbeck, Otsuka Pharma, Orion Pharma, Recordati, Janssen, Janssen-Cilag, A. Tanskanen Grant / Research support from: Janssen-Cilag, Eli Lilly, S. Fazel Grant / Research support from: Wellcome Trust, H. Taipale Grant / Research support from: Janssen-Cilag, Eli Lilly, Academy of Finland, Speakers bureau of: Janssen-Cilag, Otsuka

EPP0655

What Is A “Difficult To Treat” Schizophrenia Patient

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doi: 10.1192/j.eurpsy.2023.952

Introduction: The Portuguese Plan for Mental Health envisaged the development of teams dedicated to the support of “difficult” patients. However, it was not clarified who these patients were, nor in which dimensions they could be supported. In this regard, there is a need for an objective and pragmatic definition to understand who these patients are.

Objectives: To characterize the “difficult” patient with Schizophrenia.

Methods: Through the hospital’s IT services, all acute inpatient episodes at Centro Hospitalar Psiquiátrico de Lisboa were collected since 2017, with the diagnosis of Schizophrenia (ICD10: F20 – n: 1448). Cluster analysis was performed, regarding number of previous admissions (PA) and days of admission. Descriptive analysis of these patients was made, regarding age, gender, destination at discharge, and to the “difficult to treat” patients, whether they attend a medical consultation prior to admission, if they were complying with the therapy and if they were using psychoactive substances.

Results: Cluster analysis identified 3 clusters: (G1) a larger, uncharacteristic one; (G2) one of users with many PA; and one with a high number of days of admission (G3).

The average age is similar (46 years old), as well as gender (male). Regarding hospitalization days, G1 and G2 presented similar average values (16 days), higher for G3 (60 days). Comparing PA in G2, 47% of patients have between 6 and 10 PA and 25% have between 11 and 20 PA. For the same intervals, G3 has values of 10% and 2% respectively. About the destination after discharge, about 2/3 of both groups were referred for follow-up consultation; in G2, 5% were discharged by abandonment and in G3, 5% were referred to a Rehabilitation service and 6% integrated in Residential homes. Approximately 2/3 of the patients in G2 and G3 did not go to a medical consultation in the three months prior to their admission. Regarding the therapeutic plan, in G2 73% were not following it and in G3 this rate was 66%. Only 5% of G2 and 2% of G3 were in involuntary treatment. Injectable medication was used by 42% of patients in G2 and 23% in G3. Regarding substance use, alcohol was present in 9% of G2 and in 6% of G3; cannabinoids in 18% of G2 and in 11% of G3; and other psychoactive substances were present in 8% of G2 and in 4% of G3.

Conclusions: The findings of this study allow us to outline two profiles of “difficult to treat” patients with Schizophrenia. On the one hand those with multiple relapses (G2), on the other those with prolonged hospitalizations (G3). Both have poor adherence to

consultations and are erratic in therapeutic compliance. Injectable medication, although present in G2 and in a lower percentage in G3, and the infrequent involuntary treatment in both, may be considered as possible intervention points. An assertive multidisciplinary approach, focused on current treatment and relapse prevention (including social structures and rehabilitation centers), will be the key to their treatment.

Disclosure of Interest: None Declared

EPP0656

Sociodemographic and clinical characteristics of the population with a first psychotic episode attended in the mental health services of area 5 of Madrid (Spain)

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doi: 10.1192/j.eurpsy.2023.953

Introduction: Risk of functional impairment and progression to chronic illness in people with a first episode of psychosis (FEP) has motivated early intervention programs, showing promising results. Defining the characteristics of people with FEP at local level enables the clinicians to adjust interventional models to the reality of the population. The area 5 of Madrid (Spain) is referred to La Paz University Hospital and it serves a catchment area of roughly 527,000 people.

Objectives: We aim to identify sociodemographic and clinical characteristics of patients in the area 5 of Madrid (Spain) who meet the criteria of FEP.

Methods: A descriptive retrospective study including 179 people (age range 18-40 years) who were attended in mental health services of La Paz University Hospital (area 5 of Madrid, Spain), between January 2019 and May 2020, having suffered a psychotic episode in the last five years.

Results: The average age of people with FEP was 29.32 years, with a higher proportion of men (62%). The mean duration of untreated psychosis (DUP) was 3.64 months and 47% of patients consume cannabis. We found disparities in DUP among the different districts in the area and we also observed differences depending on the district for inclusion in rehabilitation programs or psychotherapy. The following averages were obtained for the aggregate sample: 1.01 hospitalization/year, 1.42 emergency room visits/year, 1.81 years of illness and a mean dosage equivalent to olanzapine 6.75 mg/day. The incidence of psychosis in our area has been 7.01 cases per 100000 inhabitants/year.

Conclusions: The incidence of psychosis has been as expected according to data recorded at previous studies in Spain. The results

obtained in our sample have included a lower DUP and a higher use of cannabis than those described in the literature. We have also found differences when observing the inclusion of patients in different treatments (psychotherapy, rehabilitation), which may be related to the differences in the DUP by districts. Further exploration in this field is needed to draw causal conclusions.

Disclosure of Interest: None Declared

EPP0657

The Positive and Negative Syndrome Scale for Schizophrenia Autism Severity Scale (PAUSS) in a sample of early-onset psychosis

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doi: 10.1192/j.eurpsy.2023.954

Introduction: The Positive and Negative Syndrome Scale for Schizophrenia Autism Severity Scale (PAUSS) scale can be derived from the Positive and Negative Schizophrenia Syndrome Scale, enabling an assessment of psychotic and autistic dimensions with a single tool.

Objectives: The aim of the study was to investigate the prevalence of autistic traits and the diagnostic, developmental, clinical, and functional correlates of this phenotype in a sample of early-onset psychosis (onset before age 18 years; EOP).

Methods: Prospective observational 2 year- follow-up study in a sample of young people with a first-episode of EOP. Demographic, perinatal, developmental, cognitive, clinical, and functional data were collected. PAUSS total scores and socio-communication and repetitive behaviors subscores were calculated. We used the proposed cut-off points for adult populations to define prevalence of autistic traits (PAUSS \geq 30). Subgroups of patients with and without autistic traits were identified based on the total PAUSS terciles. We used the Cronbach's alpha test to assess the PAUSS internal consistency. Linear mixed models were performed to compare changes in PAUSS during follow-up between diagnostic subgroups [i.e., non-affective psychosis (including schizophrenia and schizopreniform disorder), affective psychosis (including bipolar disorder, schizoaffective disorder and major depressive disorder with psychotic features), and other psychosis (including brief psychotic disorder and psychosis not otherwise specified)]. Developmental, clinical, and functional variables were compared